Rectal cancer and tumor regression grading: A multiinstitucional experience

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Introduction. Neoadjuvant chemoradiotherapy for locally advanced rectal cancer has been shown to decrease rates of local recurrence. There is now compelling evidence that pathological complete response is an independent predictor of local recurrence, distal metastases, disease-free and overall survival .The purpose of this review is to highlight tumour regression grading in our patients with rectal cancer.
Methods. From 2010 to 2012 120 patients were treated in our institution with rectal cancer, only 76 of them were eligible for this study. All of them were treated with long-course neoadjuvant chemoradiation. Patients received different 5FU based chemotherapy regimens. Radiation therapy was administrated to the pelvic volume to a dose of 45 Gy and boost over primary tumor of 5.4 Gy (total dose to 50.4 Gy) employing 3D-CRT. We used Dworak tumor regression system for rectal cancer.
Results. All patients have completed neoadjuvant treatment and underwent surgical procedures. 30% of patients had complete response in the bowel wall (ypT0). Of the remaining 51 patients who had residual cancer cells, 35.5% were Gr3, 16.5% were GR2, 16.5% were GR1, only one patient were GR0. With a follow up of 20 months 88% patients are DFS, 9% have developed distant metastases and 1.3% (1 patient) have developed local recurrence.
Conclusion. This study demonstrates the feasibility of preoperative chemoradiotherapy with a high pCR rate, comparable with previously reported. Longer follow-up is needed to analyze if the regression degree has influence on DFS and OS.

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Rectal cancer in hospital Carlos Haya, Malaga. Preoperative radiochemotherapy

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Introduction. Total mesorectal excision (TME) decreases local recurrence of rectal cancer, and preoperative radiotherapy is also beneficial for local control. We evaluate the results after the combined preoperative treatment in patients (p) with locally advanced resectable rectal cancer treated in our hospital.
Objective. We have analysed 161 p with rectal cancer T3–T4 (assessed by endoanal ultrasound CT and in later years MRI) treated with RT3DC (45–50.4 Gy/1.8 Gy fraction) and concomitant chemotherapy with (Xeloda 850 mg/daily in 53.4% or Tegafur 1200 mg/daily in 38.5%), followed by surgery after 6–8 weeks. Later on 70.2% received adjuvant chemotherapy based on XELOX (Xeloda/IMPACT/FOLFOX/De Gramont/Mayo/5-FU + AF) iv according to protocol.
Materials and methods. From January 2003 to December 2010 we treated 108 men and 53 women. Median age 66 years (range 27-80) Initial state: uT3: 146 p/uT4: 13 p/N+: 49 (30.4%). Tumor <6 cm from the anal margin, 77 p (47.8%), >6 cm 81 (50.3%). The surgery consisted of: abdominoperineal resection 71 p (44.1%), (anterior) resection 79 p (47.8%), endoanal resection 1 p (0.6), and exclusive colostomy by frozen pelvis 1 p (0.6). We did not record a significant increase in complications occurring during surgery. We obtained a "downstaging" of tumors in 88 p (54.7%) including 25 p (15.5%) with pathological complete response. The post surgery pathologic anatomy was 50.9% well-differentiated adenocarcinoma, 25.5% moderately differentiated, 9% undifferentiated. There was locoregional recurrence in 9 p, and 19 p have relapsed with time. Of them 119 p remain disease free, 9 live with the illness, 10 died of other causes, and 17 died of recurrence. Overall survival has been 78,6% with an actuarial follow up of 114 months. The survival free of recurrence has been 67.8% with an actuarial follow up of 117 months.
Conclusions. Preoperative radiochemotherapy increases the local control with a manageable toxicity profile, obtaining good results and diminution of previous stage and surgery and also survival.

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Rectal cancer neoadjuvant: Toxicity, recurrence and survival

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Introduction. The management of rectal cancer has undergone a radical change during the last years. Several studies have shown a reduction in recurrence and toxicity in patients treated with concomitant preoperative chemoradiotherapy compared to postoperative treatment, as well as a survival increased.
Objective. To analyze the results of our experience in the treatment of rectal cancer stage II and III with neoadjuvant chemoradiotherapy, to know the efficiency in terms of toxicity, recurrence and survival.